



CaIPERS NEW BUSINESS SYSTEM:
my|CaIPERS

California Public Employees' Retirement System (CalPERS)

Health Carrier Information Packet #1 (Update V.02)





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1. PURPOSE OF DOCUMENT

The purpose of this Information Packet is to inform Health Carriers about changes that will alter the way in which California Public Employees' Retirement System (CalPERS) requires Health Carriers to share information and do business, beginning in Spring 2010.

2. REVISION HISTORY

DATE	REVISION NUMBER	REVISION DESCRIPTION
08/14/2008	.01	Original version
01/27/2009	.02	<ul style="list-style-type: none">• Updates RDS layout in Section 6.2• Updates to Health Enrollment Inbound File in Section 7.2• Added Section 7.3 for Public Employees' Medical and Hospital Care Act (PEMHCA) Deduction Registers• Updates to XML tools table in Section 10.2• Added Code Tables referenced in the CalPERS Companion Guide• Added Interface Summary Table• Added references to CalPERS Online web site content

3. PROJECT BACKGROUND & SCHEDULE OF EVENTS

CalPERS is integrating several of its business systems and expanding member, employer, and health carrier self-service capabilities. CalPERS will integrate the new capabilities through the my|CaIPERS web-based system.

The project schedule below shows the projected dates for testing activities, meetings and CalPERS communications with the Health Carriers.

ACTIVITY	TIMEFRAME
Updated Health Carrier Information Packet #1	January 2009
Health Carrier and Association Meeting	February/March 2009



ACTIVITY	TIMEFRAME
Health Carrier Information Packet #2 (online screens)	June 2009
End-to-End and Customer Acceptance Testing (CAT), including all Health Carrier Interfaces	November 2009 – March 2010
System Go-Live	April 19, 2010

4. SUMMARY OF CHANGES FOR HEALTH CARRIERS

The following table describes the changes in Health Carrier interaction with CalPERS, based on implementation of the new system and the specifications included in this packet. Each column should be interpreted as follows:

- Area – The business function being described
- Not Changing – Aspects of the Area that are not impacted or not changing for the Health Carrier
- Changing – Aspects of the Area that are impacted or changing for the Health Carrier

#	Area	Not Changing	Changing
1	Enrollment	<p><u>Health Carrier:</u></p> <ul style="list-style-type: none"> • Continue using SSN, if CalPERS Unique Identifier cannot be reported for enrollment and premium discrepancies • Continue using the same base plan codes <p><u>CalPERS:</u></p> <ul style="list-style-type: none"> • Continue using the ANSI 834 file format to report health enrollment transactions to Carriers through Subscribers' SSN • Continue sending ANSI 834 files to the Health Carrier via Secure File Transfer Protocol (SFTP) to download • Continue to be the system of record for health enrollment information • Continue to send full audit files on demand to Health Carriers 	<p><u>Health Carrier:</u></p> <ul style="list-style-type: none"> • Start receiving enrollment transactions for rescissions electronically via the ANSI 834 file format • Start receiving dependent address information from CalPERS <p><u>CalPERS:</u></p> <ul style="list-style-type: none"> • Start storing dependent address information • Stop sending paper health enrollment and demographic changes • Updated CalPERS Companion Guide and Code Sets (new reason codes)



#	Area	Not Changing	Changing
2	COBRA/Direct Pay	<ul style="list-style-type: none">• N/A	<u>Health Carrier:</u> <ul style="list-style-type: none">• Start reporting cancellations of COBRA or Direct Pay enrollments due to non-payments through the Health Enrollment file
3	ZIP Code Changes ¹	<u>Health Carrier:</u> <ul style="list-style-type: none">• Continue informing CalPERS of ZIP Codes applicable for a health plan service area <u>CalPERS:</u> <ul style="list-style-type: none">• Continue informing Health Carriers of monthly zip codes changes	<u>Health Carrier:</u> <ul style="list-style-type: none">• Start having the ability to update CalPERS annually and on a special-event triggered basis of any ZIP Code/Plan relationship updates by uploading a file via HTTPS and my CaIPERS screens; no longer necessary to submit all ZIP Codes• Start allowing the new system to automatically include new ZIP Codes for a health plan service area based on the County unless CalPERS is told to exclude it (for new ZIP Codes identified on a monthly basis); If necessary, CalPERS can freeze new enrollments into the new ZIP codes until the Carriers notify CalPERS

¹ Note: The ZIP Code changes are not applicable for Self-Funded Health Plans that do not have ZIP code restrictions



#	Area	Not Changing	Changing
4	Address Changes	<u>CaIPERS:</u> <ul style="list-style-type: none">• Continue requiring Subscribers to change their address with CaIPERS	<u>CaIPERS:</u> <ul style="list-style-type: none">• Start allowing Subscribers with a PO Box address to report a different personal ZIP Code for health eligibility• Start using the same personal ZIP Code for health eligibility if the Subscriber indicated to use a non-PO Box address for health eligibility purposes• If the Subscriber is identified as out of service area after an address change, start allowing 60 days for the Subscriber to make a health plan change before moving the Subscriber over to a CaIPERS preferred plan to prevent coverage issues²• If the Subscriber is identified as not out of service area after an address change, start allowing Subscribers only 60 days to request a health plan change from the date of the address change; if the request is not within 60 days, Subscribers must wait for Open Enrollment to change plans• Start collecting Dependent Address if it is different than the Subscriber
5	Retiree Drug Subsidy Data	<u>Health Carrier:</u> <ul style="list-style-type: none">• Continue receiving monthly and annual file of Retirees that have health coverage and who are eligible for the Retiree Drug Subsidy	<ul style="list-style-type: none">• <u>N/A</u>

² Note: Any "out of service area" member who is in the wrong regional plan will be placed in the correct region if there is no response during the 60 day period. Only the member in the wrong plan will be rolled into the CaIPERS preferred plan if there is no response after 60 days.



#	Area	Not Changing	Changing
6	Deduction Register	<u>Health Carrier:</u> <ul style="list-style-type: none">• Continue to receive a report that lists the PEMHCA health deductions/premiums for State Annuitants, Public Agency/School District Annuitants, and Public Agency/School District Active Employees	<u>Health Carrier:</u> <ul style="list-style-type: none">• Start having the capability to receive information through an interface about the PEMHCA deductions for State Annuitants that were withheld against an annuitant's retirement allowance during CalPERS monthly Benefit Roll process as well as the Employer Share and Health Premium amount• Start having the capability to receive information through an interface about the payments for Public Agency/School District Employees, Public Agency (PERS and Non-PERS) Retirees and CalSTRS Retirees
7	Online Screens and Reports	Coming Soon	Coming Soon



5. BUSINESS RULE UPDATES

The following section describes the three most significant business rule changes that Health Carriers will experience with the my|CaIPERS implementation.

5.1. CalPERS Unique Identifier and SSN's

CaIPERS will not require Health Carriers to use the CalPERS Unique Identifier for any file sent between the Health Carrier and CaIPERS. The SSN will be the provided identifier for the ANSI 834 files CaIPERS sends to the Health Carriers. The SSN will be an acceptable identifier for the enrollment files the Health Carriers send to CaIPERS.

Health Carriers will be able to search by SSN or CalPERS Unique ID. On-line screens and reports will include masked Dependent and Subscriber SSNs.

5.2. Address Changes

The new system will have the ability to record and store address information for Dependents and to send this additional information to the Health Carriers. Currently, CaIPERS assigns Dependents the Subscriber's address. In the future, if the Dependent has a different address, CaIPERS will capture and store that information and send it to the appropriate Health Carrier. It is important to note that the Dependent's health coverage will continue to be based on the Subscriber's health eligibility ZIP code.

After the my|CaIPERS enhancements, when a Subscriber changes his or her address, he or she will have 60 days after the address change to change his or her health plan. If the Subscriber does not elect to change within the 60 day timeframe, he or she must wait until Open Enrollment to change his or her election options. The new system will have automatic processes to monitor whether the change of address results in an out-of-service area situation for the Subscriber. If the Subscriber is out of the service area, he or she will have 60 days to select a new plan. CaIPERS will enroll the Subscriber in a CaIPERS preferred plan if the Subscriber has not made a selection within 60 days in order to avoid out of service area claims issues by the Health Carriers. Note: Any "out of service area" member who is in the wrong regional plan will be placed in the correct region if there is no response during the 60 day period. Only the member in the wrong plan will be rolled into the CaIPERS preferred plan if there is no response after 60 days.

5.3. No Paper Transactions

CaIPERS will send all health enrollment transaction updates to the Health Carriers electronically using the ANSI 834 file format. CaIPERS requires that all Health Carriers, including Association Plans, accept the electronic ANSI 834 file as the health enrollment and demographic notification. CaIPERS will not generate any paper health enrollment transaction for Health Carriers or the Association Plans.



6. INTERFACE SUMMARY TABLE

The following table provides a summary of all Health Carrier interfaces. Details regarding these interfaces are available in the following section or in supporting technical documentation.

Interface Name	Short Description	Technical Format	Transport Mechanism & Encryption	Frequency & Other Resources
Send Health Enrollment Updates to Carriers (Outbound File)	Health Carriers receive daily or full file health enrollment changes per the ANSI file format (includes demographic changes).	ANSI X.12N 834	SFTP PGP	Daily and On-Demand (for full file) CalPERS Companion Guide CalPERS ANSI Code Set
Send Validated Retiree Drug Subsidy (RDS) Data to Carriers (Outbound File) ³	Health Carriers participating in RDS with CalPERS receive validated Medicare eligibility data via file transfer.	Comma Delimited (CSV file)	SFTP PGP	Med D Carrier Manual (part of Carrier contract)
Health Provider Uploads Postal Zone Changes (Inbound File) ⁴	Health Carriers send CalPERS annual file of Postal Zone changes.	XML	HTTPS 128-Bit SSL	XML Schema
Monthly Carrier ZIP Changes (Outbound Message)	Health Carriers receive notice from CalPERS regarding Monthly ZIP changes.	Notice sent via Carrier designated method (e-mail, mail, etc.)	Varies based on Carrier Communication Preference	N/A
Health Enrollment Inbound File - for Enrollment Cancellation of Coverage due to Non-Payment (COBRA/Direct Pay)	Health Carriers send CalPERS of enrollment cancellations due to non-payment for COBRA and Direct Pay via file transfer.	XML	SFTP PGP	Monthly XML Schema Deduction Type Code Set

³ This interface is only applicable to those Health Carriers with which CalPERS claims Retiree Drug Subsidy. Health Carriers with which CalPERS does not claim RDS are excluded from this interface.

⁴ Not applicable to all Health Carriers such as Self-Funded Health Plans that do not have Zip Code restrictions.



Interface Name	Short Description	Technical Format	Transport Mechanism & Encryption	Frequency & Other Resources
Create Deduction Register (Outbound File)	Health Carriers have the option to receive deduction registers electronically via file transfer.	ASCII Fixed Length	SFTP PGP	Monthly
Deduction Register Report(s)	Health Carriers may view/download deduction register information through PSR online screens.	Web Online Report	HTTPS 128-Bit SSL	As Needed More Information Coming Soon - no later than June 2009
Premium & Enrollment Discrepancy Requests	Health Carriers must use PSR to communicate premium and enrollment discrepancies to CalPERS. Health Carrier can upload and download a file (Excel, Word, etc.) through PSR.	Any (file is uploaded). Most likely Excel or Word	HTTPS 128-Bit SSL	As Needed More Information Coming Soon - no later than June 2009
On-line Health Enrollment Inquiry	Health Carriers may view Subscriber and Dependent health enrollment information on-line.	Web Screens Web Reports	HTTPS 128-Bit SSL	As Needed More Information Coming Soon - no later than June 2009



7. INTERFACE DETAILS

This section describes the interface file formats that will be used in the system for those interfaces that currently exist between CalPERS and Health Carriers.

7.1. Send Health Enrollment Updates to Carriers (Outbound File)

On a daily basis, my|CaIPERS will create and encrypt ANSI 834 health enrollment files for Health Carriers to download via FTP. The daily files will contain all health enrollment updates (including rescinded transactions) and demographic changes effective since the previous transmission.

The my|CaIPERS System will also handle requests from the Carriers for a full ANSI file. The format of the file is the same as that of the incremental daily change file. The data included, however, is a snapshot of health enrollment for all subscribers and dependents for a specific Health Carrier.

CalPERS updated the CalPERS Companion Guide Version 1.0 to [Version 2.1](#). The updated Guide covers changes due to my|CaIPERS enhancements, including updates to data values for a select number of fields and the following items:

- Dependent Address
 - Address information for Dependents will be tracked by CalPERS and sent on the daily ANSI 834 file.
 - Enrollment Transactions for Rescissions
 - For rescissions, CalPERS will provide the rescinded transaction and all of the subsequent transactions that must be reapplied to the Subscriber's health enrollment after processing the rescinded transaction
 - To indicate Rescinded Transactions, CalPERS will provide the following:
 - 'Maintenance Reason Code' (Reference field INS04) with a value of '14', indicates that the health enrollment transaction is a rescission
 - 'Reference Identification' (CalPERS Reason Code) of the original transaction
 - To indicate Reapplied Transactions⁵, CalPERS will provide the following:
 - 'Reference Identification' (CalPERS Reason Code) that correlates to the CalPERS Reason Code of the original transaction
 - Existing 'Maintenance Reason Code' (Reference field INS04) values used for health transactions
- Current maintenance reason codes used:
- **XN** for notification only, used in the daily Complete Record File or Full File to indicate that no change was made to enrollee
 - **33** sent exclusively to identify "coverage type changes" between Basic and Medicare enrollment.
 - **07** sent to terminate plan when Subscriber changes health plans.
 - **28** sent to new plan when Subscriber changes health plans.
 - **20** sent exclusively to identify end of Direct Pay and a return to deduction.
 - **AI** sent exclusively to identify new enrollment or change into DIRECT PAY.
 - **25** sent for most demographic changes. (Health Activity Codes 01, 02, 04, 06, 08, 10, 11 & 12)
 - **09** sent for new COBRA enrollments.
 - **43** addresses change only.
 - **37** sent exclusively for FMLA (Family Medical Leave Act). This is an exception, Leaves usually don't generate an INS04, but FMLA does.

⁵ Reapplied transactions are health enrollment transactions that follow the rescinded transaction. Once a health enrollment transaction is rescinded, each transaction following the rescinded transaction needs to be evaluated to ensure that no dependencies are carried forward to subsequent health enrollment transactions.



New Reason Code: **14** sent to rescind information to Subscriber or enrollee (not applicable for 'reapply transactions')

For detailed information about the changes to the daily and full ANSI 834 files, please see the CalPERS Companion Guide 2.1 located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CalPERS Readiness for Health Plan Partners](#).



CalPERS
Companion Guide

7.2. Send Validated Retiree Drug Subsidy Data to Carriers (Outbound File)

The "Send Validated Retiree Drug Subsidy Data to Carriers Interface" is only applicable to those Health Carriers with which CalPERS claims Retiree Drug Subsidy. Health Carriers with which CalPERS does not claim Retiree Drug Subsidy are excluded from this interface.

On a monthly and yearly basis, my|CalPERS will create encrypted files available for the interfacing party to download via SFTP for all Medicare beneficiaries accepted by the Medicare Part D Retiree Drug Subsidy Program (RDS). The monthly file will contain the RDS response records for all Medicare beneficiaries with status changes CalPERS received from the Centers of Medicare and Medicaid Services (CMS). The annual reconciliation file will contain a complete list of Retirees that have health coverage with that carrier who CMS determined as eligible for the drug subsidy.

Below is an example of the data that Health Carriers will receive from CalPERS for each enrollee. In this example, "Length" refers to the number of characters of that field. The file will be comma delimited.

FIELD	DATA TYPE	APPROX LENGTH
RDS Application Number	Numeric	10
SSN	Numeric	9
HIC Number	Alpha-Numeric	12
Beneficiary First Name	Alpha	30
Beneficiary Middle Initial	Alpha	1
Beneficiary Last Name	Text	40
Beneficiary Date of Birth	Date	8
Beneficiary Sex Code	Numeric	1
Coverage Effective Date	Date	8
Coverage Termination Date	Date	8
Group Health Plan Number	Text	20



FIELD	DATA TYPE	APPROX LENGTH
Relationship Code	Numeric	2
Transaction Type	Text	3
RDS Determination Indicator	Alpha	1
RDS Reason Code	Numeric	2
RDS Start Date	Date	8
RDS End Date	Date	8
Subscriber SSN	Numeric	9

7.3. Health Provider Uploads Postal Zone Changes (Inbound File)

The “Health Provider Uploads Postal Zone Changes Interface” is only applicable to those Health Carriers that have plans with ZIP code restrictions.

On an annual and special-event triggered basis, Health Carriers will submit a file containing changes to plan and postal code mapping (i.e., ZIP Code information and effective dates) changes for each health plan offering. The interface supports two transaction types: “Add” and “Update”. Health Carriers will use “Add” transactions to add a new ZIP Code and the “Update” transaction to update an existing ZIP Code. CalPERS anticipates the Health Carrier will use this interface for medium to large Plan Coverage area updates. This interface allows the Health Carriers to upload posted records in the format of XML via HTTPS. Health Carriers will use my|CaIPERS maintenance screens for small Plan Coverage area updates.

File upload, file verification, and field level validation occur simultaneously. The user will immediately see a confirmation or failure message upon completion of the upload and Level 1 validation processing.

The file that Health Carriers will upload consists of the following fields:

ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH						
1	Transaction Type	<div>The type of change being made to the coverage area data</div> <div>Only accept Add and Update transactions</div>	String	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Add</td><td>ADD</td></tr><tr><td>Update</td><td>UPD</td></tr></table>	LONG NAME	CODE VALUE	Add	ADD	Update	UPD	3
LONG NAME	CODE VALUE											
Add	ADD											
Update	UPD											



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH
2	Carrier ID	CalPERS ID for the Health Carrier The CalPERS ID is a new unique identifier, created by the new system when an Employer has a contract to provide benefits to its employees	String	R	xxxxxxxxxx	10
3	Base Plan Code	The Base Plan identifier, created and assigned by CalPERS; Represents a Health Carrier's Plan offering Unique ID for base plan; Basic and Supplemental Plan will have their own base plan code	String	R	xxx	3
4	ZIP Code	Five-digit United States Postal Code	Integer	R	#####	5
5	County	County Name	Code	R	County Code values will not be changing with the new system. Continue to send the same values as you do today.	3
6	City	The city The fields should not allow the following characters: asterisk (*), vertical bar (), tilde (~), grave (`), exclamation point (!), at-sign (@), dollar sign (\$), percent sign (%), caret (^), underscore (_), plus sign (+), equals sign (=), braces { }, brackets [] , backslash (\), quotation mark ("), less than sign (<), greater than sign (>), or question mark(?)	String	O	Free form text	50
7	State	State Name	Code	O	See Section 6.2.1 for State Name Code Values. The only values different will be for the provinces and territories outside of the US.	3
8	Effective Date	First date this plan is active per specific relationship	Date	R	yyyy-mm-dd	10



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH
9	Active Closed Date	Closing date for new enrollment. Required if 'Termination Date' is present	Date	C	yyyy-mm-dd	10
10	Termination Date	Closing date of the Plan / Zip relationship	Date	O	yyyy-mm-dd	10
11	Split Indicator	Indicates that a Base Plan / Zip Code relationship spans multiple counties	Boolean	R	True False	5

CaPERS requires Health Carriers to produce XML files that conform to the XML Schema Definition (XSD). Health Carriers should use the XSD to develop or alter their systems to comply with CaPERS new data file submission standards. The XML Schema for zip code submission is located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CaPERS Readiness for Health Plan Partners](#).

The following describes how the content of the Postal Zone Changes XML file sent to CaPERS must be structured. The file will be structured as a SOAP Envelope.

Envelope

- The interface file must contain a root element named "Envelope" with the namespace identifier of "<http://schemas.xmlsoap.org/soap/envelope/>"
- An envelope MUST have exactly one child element called soap:Header
- An envelope MUST have exactly one child element called soap:Body
- An envelope MUST NOT have any element children of soap:Envelope following the soap:Body element

Header

- The soap:Header element must have one child element named HeaderInfo with the namespace identifier of "<http://calpers.ca.gov/PSR/CommonUtilitiesV1>"

Body

- The soap:Body element of a file inbound to CaPERS must have one child element named HealthPlanCoverage with the namespace identifier of "<http://calpers.ca.gov/PSR/HealthPlanCoverageV1>"

7.4. Monthly Carrier Zip Changes (Outbound Message)

When the US Postal Service informs CaPERS of new ZIP Codes or changes to existing ZIP Codes (usually on a monthly basis), CaPERS will automatically include the ZIP Code in coverage areas if they fall in a County that is part of a defined Regional Area. CaPERS will confirm with the Health Carriers whether the new ZIP code should be included in the defined Regional Area by sending a message based on the preferred method of communication (e.g. e-mail, letter). my|CaPERS will be able to freeze new



enrollments into the newly added ZIP codes, but allow Subscribers with existing enrollments to continue to make changes to their health coverage in the new ZIP code.

7.5. Health Enrollment Inbound File

The Health Carriers with the “Health Enrollment Inbound File Interface” will be able to update my|CaIPERS regarding cancellations for COBRA (including CalCOBRA) and Direct Pay Subscribers’ health accounts. The Health Carriers are responsible for initiating cancellation of health coverage due to non-payment. Health Carriers will submit a file containing transactions to cancel health enrollment for COBRA and Direct Pay Subscribers on a scheduled basis via this interface.

Health Carriers will cancel COBRA or Direct Pay through the Health Enrollment file as shown below:



Health Enrollment
Interface

CaIPERS requires Health Carriers to produce XML files that conform to the XSD. Health Carriers should use the XSD to develop or alter their systems to comply with CaIPERS new data file submission standards. The XML Schema for zip code submission is located on the Internet at [CalPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CaIPERS Readiness for Health Plan Partners](#).

The following describes how the content of the Health Enrollment XML files exchanged between Health Carriers and CaIPERS must be structured. This file will be structured as a SOAP Envelope.

Envelope

- The interface file must contain a root element named “Envelope” with the namespace identifier of “<http://schemas.xmlsoap.org/soap/envelope/>”
- An envelope MUST have exactly one child element called soap:Header
- An envelope MUST have exactly one child element called soap:Body
- An envelope MUST NOT have any element children of soap:Envelope following the soap:Body element

Header

- The soap:Header element must have one child element named HeaderInfo with the namespace identifier of “<http://calpers.ca.gov/PSR/CommonUtilitiesV1>”

Body

- The soap:Body element of a file **inbound to** CaIPERS must have one child element named RetirementHealthEnrollment with the namespace identifier of “<http://calpers.ca.gov/PSR/RetirementHealthTransactionsV1>”
- The soap:Body element of a file **outbound from** CaIPERS must have one child element named RetirementHealthResponse with the namespace identifier of “<http://calpers.ca.gov/PSR/RetirementHealthTransactionsV1>”



7.6. Create Deduction Register (Outbound File)

The "Create Deduction Register for Vendors Interface" will provide Health Carriers with information about PEMHCA health deductions for State Annuitants and Public Agency/School District Subscribers.

For both groups, this interface fill will include the following:

- Qualified Health Carrier specific deduction(s) for the vendor's participants (e.g., only deductions that the vendor services)
- Deductions associated to a coverage month that was collected from the Annuitant and/or Employer on the vendor's behalf

For the State Annuitants, this interface will provide Health Carriers with information about PEMHCA deductions that were withheld against an annuitant's retirement allowance during CalPERS monthly Benefit Roll process as well as the Employer Share and Health Premium amount.

For Public Agency/School Districts, this interface will provide Health Carriers with information about the payments for Public Agency/School District Employees, Public Agency (PERS and Non-PERS) Retirees and CalSTRS Retirees

Health Carriers are provided the information electronically via this interface after the Monthly Benefit Roll process and Monthly Public Agency Billing process has run. Health Carriers that opt out of receiving this information through an interface, can log onto my|CaIPERS and download a report which contains PEMHCA health deduction information taken for a particular month.

The file that Health Carriers will download consists of the following fields:

ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH
Deduction File Out						
1	Business Partner	Unique ID (CalPERS ID) for every vendor who receives the deduction files. Identifies the vendor that is receiving the PEMHCA deductions	Integer	R	#####	10
2	Organization Name	Descriptive name associated with the Business Partner	String	R	This field can contain alphanumeric characters	80
3	Roll Month	Business month that roll is for	Date	R	yyyy-mm	7
4	Warrant Issued Date	Date that the warrant is issued	Date	R	yyyy-mm-dd	10



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH						
5	Participant ID Type	Type of unique Participant identifier For PEMHCA deductions this will be SSN	Code	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS ID</td><td>PID</td></tr></table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS ID	PID	3
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS ID	PID											
6	Participant ID	<p>This field will contain the unique identifier for each member opting to allow a deduction. Identifies the Benefit Recipient receiving retirement benefits from CalPERS.</p> <p>If SSN is selected as Person ID Type, the number should be submitted using the following format:</p> <ul style="list-style-type: none">• The Social Security Number must be nine digits• Social Security Numbers cannot start with 8, 9, or 666• Each section of the Social Security Number cannot be all zeroes (i.e., 000XXXXXX, XXX00XXXX, and XXXXX0000 are each prohibited) <p>The CalPERS ID is a new unique identifier, which will be created by the new system during enrollment and will be used to identify participants when sharing data with CalPERS. It will be used in place of a Social Security</p>	Integer	R	##### (SSN) ##### (CalPERS ID)	10						



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH
		<p>Number in contribution files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS ID for each of their existing employees</p> <p>The CalPERS ID is 10 digits in length</p>				
7	First Name	<p>The Payee's first name</p> <p>Only alpha and should allow blank space, hyphens (-), and apostrophes (')</p>	String	R	xxxxxxxxxxxxxxxxxxxx	20
8	Middle Name	<p>The Payee's middle name</p> <p>Only alpha and should allow blank space, hyphens (-), and apostrophes (')</p>	String	O	xxxxxxxxxxxxxxxxxxxx	20
9	Last Name	<p>The Payee's last name</p> <p>Minimum of one alpha character</p> <p>Can not start with blank</p> <p>Only alpha and should allow blank space, hyphens (-), and apostrophes (')</p>	String	R	xxxxxxxxxxxxxxxxxxxx xxxxxxxxxx	30
Participant Deduction Info						
10	Payee Account ID	<p>Identifies the Account for the deduction.</p> <p>A composite of Payee-type and originating benefit member Id and a unique sequence number.</p> <p>Both numbers and alpha characters are acceptable.</p>	String	R	xxxxxxxxxxxxxxxxxxxx	20



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH												
11	Program Type Code	To identify the program that the participant is receiving benefits its from.	Code	R	<table><thead><tr><th>LONG NAME</th><th>CODE VALUE</th></tr></thead><tbody><tr><td>California Public Employees' Retirement System</td><td>CPE</td></tr><tr><td>Judges' Retirement System</td><td>JR1</td></tr><tr><td>Legislators' Retirement System</td><td>LRS</td></tr><tr><td>Judges' Retirement System II</td><td>JR2</td></tr><tr><td>Health</td><td>HLT</td></tr></tbody></table>	LONG NAME	CODE VALUE	California Public Employees' Retirement System	CPE	Judges' Retirement System	JR1	Legislators' Retirement System	LRS	Judges' Retirement System II	JR2	Health	HLT	3
LONG NAME	CODE VALUE																	
California Public Employees' Retirement System	CPE																	
Judges' Retirement System	JR1																	
Legislators' Retirement System	LRS																	
Judges' Retirement System II	JR2																	
Health	HLT																	
12	Benefit Termination Reason	Identifies the reason for termination of benefits.	Code	O	Values TBD	3												
13	Benefit Termination Date	The date when benefits were terminated. This field is required if a Benefit Termination Reason is given	Date	C	yyyy-mm-dd	10												
14	Deduction Exceed Gross Indicator	Gross allowance is not enough to cover all of the deductions	Boolean	R	True False	5												
Deduction Detail																		
15	Deduction Type Code	Identifies the type of deduction for the Participant.	Code	R	See Section 7.3.1 for Deduction Type Code Values	3												
16	PEMHCA Plan Code	Health or Dental plan code for	String	C		4												



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH										
		PEMHCA deductions. The first three digits of this field will contain the Base Plan Code Values. The last digit will be the Party Identifier.														
17	UC Plan Code	Health or dental plan code for UCRS deductions. The first three digits of this field will contain the UC Plan Code Values. The last digit will be the Party Identifier	String	C		4										
18	Deduction Frequency	This field identifies a deduction as either an regular/on-going “Monthly” deduction, “ single occurrence “One-Time” adjustment deduction, or a specified timeframe “Limited Term” deduction..	Code	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Deduction is taken monthly</td><td>REG</td></tr><tr><td>Deduction is taken once</td><td>1TD</td></tr><tr><td>Deduction is taken for a period of time</td><td>LTD</td></tr></table>	LONG NAME	CODE VALUE	Deduction is taken monthly	REG	Deduction is taken once	1TD	Deduction is taken for a period of time	LTD	3		
LONG NAME	CODE VALUE															
Deduction is taken monthly	REG															
Deduction is taken once	1TD															
Deduction is taken for a period of time	LTD															
Payee Amount Info																
19	Amount Type	Identifies the type of the amount for the payee's deduction.	Code	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Employer Share Amount</td><td>ESA</td></tr><tr><td>Total Premium Amount</td><td>TPA</td></tr><tr><td>Outstanding Balance Amount</td><td>OBA</td></tr><tr><td>Payee Amount</td><td>PEA</td></tr></table>	LONG NAME	CODE VALUE	Employer Share Amount	ESA	Total Premium Amount	TPA	Outstanding Balance Amount	OBA	Payee Amount	PEA	3
LONG NAME	CODE VALUE															
Employer Share Amount	ESA															
Total Premium Amount	TPA															
Outstanding Balance Amount	OBA															
Payee Amount	PEA															



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH
20	Amount	<p>The amount that was withheld from the benefit recipient's allowance.</p> <p>This field can contain positive and negative numbers, and zero.</p>	Decimal	R	#####.##	8
Deduction Misc. Info						
21	Deduction Start Date	<p>This field specifies the beginning of the coverage period for the deduction.</p> <p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be included in the XML file.</p>	Date	C	yyyy-mm-dd	10
22	Deduction End Date	<p>This specifies the end of the coverage period for the deduction.</p> <p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be included in the XML file.</p>	Date	C	yyyy-mm-dd	10
23	Number of Months Covered	Number of months covered by the one-time deduction.	Integer	C	###	3



ID	FIELD	DESCRIPTION	TYPE	R/O/C	FIELD VALUES	LENGTH														
		<p>This field is populated based upon the type of deduction being referenced.</p> <p>This field will only be populated if the deduction type is one time or limited term.</p> <p>When deduction type is monthly, this field will not be included in the XML file.</p>																		
Control of Totals																				
24	Total Deductions	Sum of all records on the file per transmitted file	Integer	R	#####	16														
25	Amount Type	Amount type for sum of total amounts	Code	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Employer Share Amount</td><td>ESA</td></tr><tr><td>Total Premium Amount</td><td>TPA</td></tr><tr><td>Administration Fee Amount</td><td>ADM</td></tr><tr><td>Net Amount</td><td>NET</td></tr><tr><td>Outstanding Balance Amount</td><td>OBA</td></tr><tr><td>Payee Amount</td><td>PEA</td></tr></table>	LONG NAME	CODE VALUE	Employer Share Amount	ESA	Total Premium Amount	TPA	Administration Fee Amount	ADM	Net Amount	NET	Outstanding Balance Amount	OBA	Payee Amount	PEA	3
LONG NAME	CODE VALUE																			
Employer Share Amount	ESA																			
Total Premium Amount	TPA																			
Administration Fee Amount	ADM																			
Net Amount	NET																			
Outstanding Balance Amount	OBA																			
Payee Amount	PEA																			
26	Total Amount	Sum of the deduction amounts per account type	Decimal	R	#####.##	12														

7.6.1. Deduction Type Code Values

For your reference, the deduction type code values are in the following file.



Deduction Type
Code Values

CaIPERS requires Health Carriers to produce XML files that conform to the XSD. Health Carriers should use the XSD to develop or alter their systems to comply with CaIPERS new data file submission standards. The XML Schema for zip code submission is located on the Internet at [CaIPERS Online](#). Follow the links for [Business Partners](#) and choose the link [my|CaIPERS Readiness for Health Plan Partners](#).

The following describes how the content of the Deduction Register XML file sent from CaIPERS to Health Carriers will be structured. This file will be structured as a SOAP Envelope.

Envelope

- The interface file must contain a root element named "Envelope" with the namespace identifier of "<http://schemas.xmlsoap.org/soap/envelope/>"
- An envelope MUST have exactly one child element called soap:Header
- An envelope MUST have exactly one child element called soap:Body
- An envelope MUST NOT have any element children of soap:Envelope following the soap:Body element

Header

- The soap:Header element must have one child element named HeaderInfo with the namespace identifier of "<http://calpers.ca.gov/PSR/CommonUtilitiesV1>"

Body

- The soap:Body element of a file **outbound from** CaIPERS must have one child element named DeductionRegister with the namespace identifier of "<http://calpers.ca.gov/PSR/DeductionRegisterForVendorsV1>"

7.7. Deduction Register Reports

Health Carriers will have the capability to request various deduction register reports via the on-line application. The PSR project team is currently designing reports for Health Carriers and Associations. The information is scheduled to be released no later than June 2009 and included in Carrier Information Packet #2.

7.8. Premium & Enrollment Discrepancy Requests

Health Carriers will have the capability to attach and send files using the on-line application for purposes of working any premium and enrollment discrepancies. This secure on-line feature eliminates the timely sending and receiving of CD's performed today by allowing Carriers to upload files (MS Word, MS Excel, PDF, etc.) for a CaIPERS Analyst to research.

The PSR project team is currently designing screens for Health Carriers. The information is scheduled to be released no later than June 2009 and included in Carrier Information Packet #2.



7.9. On-line Health Enrollment Inquiry

The PSR project team is currently designing screens for Health Carriers. The information is scheduled to be released no later than June 2009 and included in Carrier Information Packet #2.

8. CALPERS INFORMATION ASSETS

All CalPERS contracts with external entities will include appropriate non-disclosure language that protects CalPERS Information Assets (CalPERS electronic data). The contract will affirm that the External Party has sufficient security measures in place to protect the confidentiality, integrity, and availability of each Information Asset transferred. To protect member data, the contract will state the agreed upon method for storing, using and destroying CalPERS electronic data. The primary parties involved in the agreement will be business owners of the data and custodians who might process the data transfers on behalf of the owner.

Existing contracts may already include sufficient language to protect CalPERS Information Assets. A CalPERS representative will contact the Health Carrier if CalPERS requires new or amended agreements. In the interim, each Health Carrier should identify its organization's Owner and Custodian for data shared with CalPERS. The owner and custodian should be individuals in a management or similar position who can make decisions for the Health Carrier. For more information contact your CalPERS contract manager.

9. QUESTIONS & CONTACT INFORMATION

CalPERS provides the following resources to answer your questions:

1. The most up to date information is available at [CalPERS Online](#) including [Frequently Asked Questions \(FAQ's\)](#). Just follow the links for [Business Partners](#) and choose the link for [my|CalPERS Readiness for Health Plan Partners](#);
2. Send a question to the MyCalPERS_Health_Team@CalPERS.ca.gov; or
3. Contact your CalPERS Health Contract Manager.



10. APPENDIX

10.1. FTP Encryption/Decryption

FTP Encryption/Decryption is a supplementary document provided in the WinZip file. This supplementary document describes the Encryption/Decryption Service, which is designed to allow an external entity (like Health Carriers) to interact with CalPERS using encrypted data files. The service allows both inbound and outbound transfer of files using standard PGP encryption. This document outlines the requirements for an external partner to utilize this service.

The CalPERS FTP Encryption/Decryption document is located on the Internet at CalPERS Online. Follow the links for **Business Partners** and choose the link [my|CaIPERS Readiness for Health Plan Partners](#).

10.2. XML Tools and Resources

XML tools are available on a variety of platforms. The XML tools help IT developers create XML files that adhere to the CalPERS schema. The XML specification defines a standard extensible messaging framework that facilitates data-sharing and information exchange via a variety of underlying protocols. The XML framework is independent of any particular programming language, platform, and other technical criteria. The table below provides links to some of the tools that are available on the Internet to help IT developers prepare an XML Schema.

ToolKit / Information	Location
Java Apache AXIS	http://xml.apache.org/axis
Python Web Services	http://Pywebsvcs.sourceforge.net
Perl SOAP	http://www.soaplite.com
PHP NuSOAP	http://www.sourceforge.net/projects/nusoap/
XML	http://www.xml.org/
Microsoft Windows Communication Foundation (WCF) – search by “Building Clients”	http://msdn.microsoft.com/en-us/netframework/aa663324.aspx
C++	http://www.sqldata.com/SoapClient/SoapClient30.htm